<table>
<tr><td colspan="2">

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

</td><td>

Complete if Known

</td></tr>
</table>

		Complete if Known
	Application Number	10/577,449
	Filing Date	10/29/2004
	First Named Inventor	Den Ouden
	Examiner Name	Saeeda Monee Latham
	Art Unit	1789
TOTAL AMOUNT OF PAYMENT ($) 2024	Attorney Docket	5916 - 061197

METHOD OF PAYMENT (check all that apply)

☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☑ Deposit Account   Deposit Account Number: ___23-0650___   Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☑ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		**Small Entity**		**Small Entity**	
Application Type	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fee ($)**	**Fees Paid ($)**
Utility	330	82	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	**Fee ($)**	**Small Entity** **Fee ($)**
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	**- 20 or HP**		**Extra Claims**		**Fee ($)**		**Fee Paid ($)**
22	- 20	=	2	x	52	=	104

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims	
Fee ($)	**Fee Paid ($)**
_____	_____

Indep. Claims	**- 3 or HP**		**Extra Claims**		**Fee ($)**		**Fee Paid ($)**
4	- 4	=	0	x	0	=	0

HP = highest number of independent claims paid for, if greater than 3.
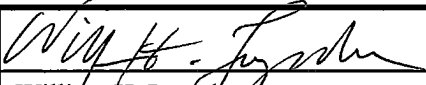
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $270 ($135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	**Extra Sheets**	**Number of each additional 50 or fraction thereof**	**Fee ($)**	**Fee Paid ($)**
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number) x	_____ =	_____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)   _____

Other (e.g., late filing surcharge): 3 month extension of time ; Request for Continued Examination   1110; 810

SUBMITTED BY

Signature	*[signature]*	Registration No. (Attorney/Agent) 22,132	Telephone 412-471-8815
Name (Print/Type)	William H. Logsdon		Date September 16, 2011